

2013

BENEFITS AT A GLANCE



Flexible Benefits

	Dental Select & Dental Select Plus	Dental DHMO	Vision Select & Vision Select Plus	Employee Life, Spouse and Child Life	Accidental Death & Dismemberment	Short Term & Long Term Disability	Specified Illness Select	Specified Illness & Accident Select Plus	Long Term Care	Legal Select & Legal Select Plus	Flexible Spending Accounts (Health and Dependent Care)
Vendor	Delta Denta	Cigna	Spectera	Minnesota Life	Minnesota Life	The Standard	Continental American Insurance Co. CAIC	Continental American Insurance Co. CAIC	Unum	Hyatt Legal Plans	ADP
Contact Numbers	1 866 496 2384	1 800 642 5810	1 800 638 3120	404 522 1660 1 800 660 2519	404 522 1660 1 800 660 2519	1 888 641 7186	1 866 849 2958	1 866 849 2958	1 888 764 3539	1 800 821 6400	1 800 893 0763
Coverage Tiers	Employee (Ee) Ee + Spouse Ee + Child(ren) Ee + Family	Employee (Ee) Ee + Spouse Ee + Child(ren) Ee + Family	Employee (Ee) Ee + Spouse Ee + Child(ren) Ee + Family	*Employee: 1x to 9x Benefit Salary: Max Coverage is \$1,000,000 *Spouse Levels: \$6000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000 * Child Levels: \$3000, \$6000, \$10,000, \$15,000, \$20,000	*Employee: 1x to 9x Benefit Salary: Max coverage is \$1,000,000 (Spouse or Child(ren) not eligible for coverage)	STD: 7 Day or 30 Day wait (Employee only) LTD: (Employee only)	*Employee: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 * Spouse: \$5,000, \$10,000 * Child: 25% of Employee's coverage (automatic)	*Employee \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 * Spouse: \$5,000, \$10,000 * Child: 25% of Employee's coverage (automatic)	*Employee Only* *** A Spouse, Parent, and / or Parent-in-law may enroll in an individual policy directly with the vendor	Employee (Ee) Ee + Family	*Employee and any eligible dependents

Rate Tier	SELECT Employee (Ee) \$24.08 Ee + Spouse \$46.65 Ee + Child(ren) \$48.89 Ee + Family \$68.40 SELECT PLUS Employee (Ee) \$38.45 Ee + Spouse \$75.01 Ee + Child(ren) \$78.66 Ee + Family \$110.27	DHMO Employee (Ee) \$21.94 Ee + Spouse \$39.79 Ee + Child(ren) \$49.29 Ee + Family \$58.75	SELECT Employee (Ee) \$ 6.20 Ee + Spouse \$13.07 Ee + Child(ren) \$13.63 Ee + Family \$18.39 SELECT PLUS Employee (Ee) \$ 8.62 Ee + Spouse \$18.61 Ee + Child(ren) \$19.45 Ee + Family \$26.35	*Employee: Based on Age, Salary, and Coverage Selection *Spouse: Based on Employee's Age, Salary, and Coverage Selection *Child Rates: \$3000 - \$1.13 \$6000 - \$1.35 \$10,000 - \$1.66 \$15,000 - \$2.03 \$20,000 - \$2.41	*Based on Employee's Coverage Selection (0.020 per thousand +admin fee	* Based on Employee's Age, Salary, Social Security Eligibility, and Retirement eligibility + admin fee	*Based on CAIC's premium rate chart. *Employee: Guaranteed Issue up to \$30,000 + admin fee *Spouse: Rate will be based on the employee's age + admin fee *Child: Coverage is provided at no additional cost	*Based on CAIC's premium rate chart. *Employee: Guaranteed Issue up to \$30,000 + admin fee *Spouse: Rate will be based on the employee's age + admin fee *Child: Coverage is provided at no additional cost	*Based on Unum's premium rate chart + admin fee	Select Plan Employee \$6.57 Family \$7.79 Select Plus Employee \$8.20 Family \$10.50	*Monthly contributions are determined by the employee. Please refer to the website for minumum and maximum contribution amounts. + monthly admin fee of \$3.20 will apply.
Eligibility	Benefits will begin the first day of the month after one full calendar month										

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